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FROM: Daniel R. Pote

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MESSAGE:

Here is the Response

To OFFICE ACTION MAILED MARCH 31, 2003
S/N 10/075,422

ORIGINAL DOCUMENT: Will not be sent NUMBER OF PAGES (including Cover): _____

CONFIRMATION NO.: CLIENT MATTER NO.: 37829.0300

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/975,422

Filing Date

February 13, 2002

First Named Inventor

Michael Brooks

Art Unit

3812

Examiner Name

Angel Roman

Attorney Docket Number

17829-4300/Micron 01-0609

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Position to Convert a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual nameDaniel R. Pote, SNELL & WILMER LLP
One Arizona Center, 400 East Van Buren
Phoenix, Arizona 85014-2202

Signature

 Reg. No. 43,011

Date

September 2, 2003

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. PEX 1450, Alexandria, VA 22313-1450 on the _____.

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$410.00

Complete if Known

| | |
|----------------------|---------------------------|
| Application Number | 10/075,422 |
| Filing Date | February 13, 2002 |
| First Named Inventor | Michael Brooks |
| Examiner Name | Angel Roman |
| Group Art Unit | 2812 |
| Attorney Docket No. | 37829.0300/Micron 01-0609 |

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|-------------------------------------|---------------|---|---------------|
| | | Fee Code (\$) | Fee Code (\$) |
| 1001 750 | 2001 375 | Utility filing fee | |
| 1002 330 | 2002 185 | Design filing | |
| 1073 520 | 2003 280 | Plant filing fee | |
| 1034 750 | 2004 375 | Reissue filing | |
| 1005 180 | 2005 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | \$410.00 |
| 2. EXTRA CLAIM FEES FOR UTILITY AND | | | |
| | | Fee from below | Fee Paid |
| Total Claims | Extra Claims | | |
| | -20** = | 0 X | 0.00 |
| Independent Claims | - 3*** = | 0 X | 0.00 |
| Multiple Dependent | | | |
| Large Entity Small Entity | | | |
| | | Fee Description | |
| Fee Code (\$) | Fee Code (\$) | | |
| 1202 18 | 2202 9 | Claims in excess of 20 | |
| 1201 84 | 2201 42 | Independent claims in excess of 3 | |
| 1203 280 | 2203 140 | Multiple dependent claim, if not paid | |
| 1204 84 | 2204 42 | ** Reissue independent claims over original patent | |
| 1205 18 | 2205 9 | ** Reissues claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$) | | \$0.00 | |

*or number previously paid, if greater. For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
\$410.00

Complete if applicable

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|-------------------|---|-----------------------------------|--------|-----------|-------------------|
| Name (print/type) | Michael R. Rose | Registration No. (Attorney/Agent) | 43,011 | Telephone | (403) 382-6314 |
| Signature |  | | | Date | September 7, 2002 |

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